

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/627,451

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 8            |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 8 minus 20=  |                          |
| INDEPENDENT CLAIMS               | 1 minus 3 =  |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     | -      | OR XS18=     |        |
| X43=      | -      | OR X86=      |        |
| +145=     | -      | OR +290=     |        |
| TOTAL     | 385    | OR TOTAL     |        |

## 7/14/03 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| Total  | 8                                | Minus | 20                                 | -             |
| Independent                                    | 1                                | Minus | 3                                  | -             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| XS 9=           |                | OR XS18=           |                |
| X43=            |                | OR X86=            |                |
| +145=           |                | OR +290=           |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| 01/03/05                                       | 8                                | Minus | 20                                 | -             |
| Independent                                    | 1                                | Minus | 3                                  | -             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| XS 9=           |                | OR XS18=           |                |
| X43=            |                | OR X86=            |                |
| +145=           |                | OR +290=           |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| Total  | 8                                | Minus | 20                                 | -             |
| Independent                                    | 1                                | Minus | 3                                  | -             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| XS 9=           |                | OR XS18=           |                |
| X43=            |                | OR X86=            |                |
| +145=           |                | OR +290=           |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.